STATE OF MAINE



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

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STATEMENT OF SOURCES OF INCOME 1 M.R.S.A. §§ 1016-A et seg.

COVERING THE CALENDAR YEAR JANUARY 1, 2006 THROUGH DECEMBER 31, 2006

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FULL NAME: BRIAN TODD MAIN RATH MAILING ADDRESS: 78A PEARL ST.	Please check the appropriate box and fill in the District number.
CITY: S. PORTLAND	Member of the Senate, District
ZIP CODE: 04/06	
PHONE NUMBER: 207-409-7137	Member of the House, District 24

GENERAL INSTRUCTIONS

1. Please file this statement with the Clerk of the House or the Secretary of the Senate by:

5:00 p.m. on February 15, 2007.

- 2. The report covers you, your spouse, and your dependent children.
- 3. Report only specific sources of income. Dollar amounts need not be listed.
- 4. Campaign contributions duly recorded as required by law need not be reported in this statement.
- 5. Attach additional sheets if needed. Label attachments with your name, address, and the date.
- 6. Please sign on Page 4.
- 7. The completed statements will be posted as a 'pdf' on the Commission's website.
- 8. State law (1 M.R.S.A. § 1018) requires Legislators to file an updated statement with the Commission within 30 days of any change to the information relating to the preceding year. Additionally, the law (1 M.R.S.A. § 1016-B (2)) requires Legislators to make a supplementary statement to the Commission of any reportable liability within 30 days after it is incurred.

PLEASE KEEP A COPY OF	F THIS STATEMENT FOR YOUR FILES.
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Disclosure statements are made available to members of the public upon request.

Thank you for your cooperation.

PART I. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER. Name each employer from whom you received compensation of \$1,000 or more. Specify also the principal type of economic activity of each employer.

Name of Employer	Address	Principal Type of Economic Activity of Employer
		Herlinene
NORDX	Scarberson h ME	1701/horne
	36 45618303 A , COM	
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± 0 W 10#		
Enter the name and addre	h a partnership, firm, professional associatio	Legislators who are self-employed.) areas of economic activity from which you dering or similar business entity, list the major areas
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity
		· · · · · · · · · · · · · · · · · · ·
		'
Name each source of inco \$1,000, whichever is grea derived such income. If the	ter, and specify the principal type of econom his form of disclosure is prohibited by law, r	sents more than 10% of your gross income or ic activity of the entity or person from whom yo ule, or an established code of professional ethics
Name each source of inco \$1,000, whichever is grea derived such income. If the	ome derived from self-employment that repre ter, and specify the principal type of econom	ic activity of the entity or person from whom youle, or an established code of professional ethics
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Name each source of inco \$1,000, whichever is great derived such income. If it specify only the principal Name of Source RT III. MAJOR AREAS Of tice. If associated with a lay	ome derived from self-employment that repreter, and specify the principal type of economic his form of disclosure is prohibited by law, recommendation of the entity or pertype of economic activity or pertyp	attorneys-at-law only.) List your major areas of firm. Major Areas of Practice (firm)
Name each source of inco \$1,000, whichever is greaterived such income. If it specify only the principal Name of Source RT III. MAJOR AREAS (tice. If associated with a lay Name and Address of Firm	ome derived from self-employment that repreter, and specify the principal type of economic his form of disclosure is prohibited by law, recommendation of the entity or pertype of economic activity of econom	attorneys-at-law only.) List your major areas of firm. Major Areas of Practice (firm)

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PART IV. OTHER SOURCES OF INCOME. Name each source of income of \$1,000 or more not listed in Parts I, II, or III of this form. Do not include gifts. If none, so state.

	·	Kind of Income		
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	111111111111111111111111111111111111111			
	REPORTABLE LIABILITIES. List the during the reporting period, and list the major one, so state.			
N	A 33 of Condition	Principal Type of Economic		
Name of Creditor	Address of Creditor	Activity of Creditor		
	·	<u> </u>		
RT VI. DISCLOSURE OF	F GIFTS. Name the specific source of each			
RT VI. DISCLOSURE OF gregate value of more than \$30		gift of more than \$300. Include gifts with a		
RT VI. DISCLOSURE OF gregate value of more than \$30	F GIFTS. Name the specific source of each 0 from a single source. If none, so state.	gift of more than \$300. Include gifts with a		
RT VI. DISCLOSURE OF tregate value of more than \$30 of the control	F GIFTS. Name the specific source of each 0 from a single source. If none, so state. 3. 4. F HONORARIA. List the source of any hance, so state.	gift of more than \$300. Include gifts with a		
RT VI. DISCLOSURE OF tregate value of more than \$30 or the state of th	F GIFTS. Name the specific source of each 0 from a single source. If none, so state. 3. 4. F HONORARIA. List the source of any h	gift of more than \$300. Include gifts with a		

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PART X. INCOME RECEIVED BY	MEMBERS OF IMM	EDIATE FAMII	Y.		
List the type of economic activity represchild(ren) during the reporting period as income received by spouse and (D) besi	nd the kind of income ret	presented. Do not	include gifts. I	by your spo Indicate (\$) 1	use or dependen beside sources o
Type of Economic Activity Representing Each Source of Income Received			Kind of Inco	<u>ome</u>	
I.	·				
2.	· · · · · · · · · · · · · · · · · · ·				
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The intentional filing of a false statement shall be a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General. If the Commission determines that a Legislator has willfully failed to file a required statement or has willfully filed a false statement, the Legislator shall be presumed to have a conflict of interest on every question and shall be precluded from voting on any question in committee or in either branch of the Legislature, and shall not attempt to influence the outcome of any question. A Legislator who willfully fails to file a required statement is subject to a civil penalty not to exceed \$1,000, payable to the State and recoverable in a civil action. (1 M.R.S.A. § 1019)

2/10/67
Signature 2/10/67